

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/388,069	09/01/99	351	2873	

APPLICANT

STEPHEN LEROY POLLARD, SAN JUAN CAPISTRANO, CA.

****CONTINUING DOMESTIC DATA*******
VERIFIED
HD None

****371 (NAT'L STAGE) DATA*******
VERIFIED
HD None

****FOREIGN APPLICATIONS*******
VERIFIED
HD None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/20/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Initials <u>HD</u> Initials _____					

ADDRESS

STEPHEN LEROY POLLARD
27703 ORTEGA 14
SAN JUAN CAPISTRANO CA 92675

TITLE

COMFORT OPTICS VISOR

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$445		